

## CORRESPONDENCE

### Insect Stings: Clinical Features and Management

by Prof. Dr. med. Bernhard Przybilla, Prof. Dr. med. Franziska Ruëff in volume 13/2012

#### Heat Therapy —Simple Treatment for Acute Insects Stings

The comprehensive article (1) does not make any mention of a very simple and risk-free acute treatment option for insect stings, which can be administered by the patients themselves or those around them: heat therapy. In my 25 years as a general practitioner I have always found this to be an instant route to success. Most insect venoms are thermolabile even at temperatures around 50°C at the actual puncture site. Heat treatment is incredibly simple to administer: hold a coin between thumb and index finger into a naked flame (such as a cigarette lighter) for as long as this is tolerable and then press the coin on the site of the bite for about 10 seconds. Repeat. Any symptoms will disappear after 2–3 minutes. For sensitive patients and especially for children, a battery-driven heat pen is commercially available, which can be used to selectively and reproducibly heat the site of the sting to a temperature of 50°C. In theory, this treatment should be administered as immediately as possible after the sting, but I have seen the full successful result after hornet stings even after a 20 minute delay.

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#### REFERENCES

1. Przybilla B, Ruëff F: Insect stings: clinical features and management. Dtsch Arztebl Int 2012; 109(13): 238–48.

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#### Conflict of interest statement

The author declares that no conflict of interest exists.

#### In Reply:

Many household remedies are being used to treat reactions to insect stings. As such, they have not been studied to a satisfactory degree in terms of their effects and acute or chronic side effects for patients and with regard to other risks (for example, a naked flame, as mentioned by our correspondent). No recommendations for such administrations can therefore be made; however, this does not rule out effectiveness, or the sensation thereof in the subjective case. No hypotheses about the mechanism of action can be formulated as long as the efficacy has not been shown.

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#### REFERENCES

1. Przybilla B, Ruëff F: Insect stings: clinical features and management. Dtsch Arztebl Int 2012; 109(13): 238–48.

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#### Conflict of interest statement

Professor Przybilla is a member of medical specialty societies that were involved in the development of guidelines of the topic (the German Society of Allergology and Clinical Immunology [DGAKI], the Physicians' Association of German Allergologists [ADA], German Dermatology Society [DDG], European Academy of Allergy and Clinical Immunology).

He has received honoraria for speaking from ALK-Abelló, Novartis, and Stallergenes, and he has acted as an adviser to Janssen.

Furthermore he has received honoraria for conducting commissioned studies from HAL and Novartis.

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